

County: Chippewa  
 CORNELL AREA CARE CENTER  
 320 N 7TH ST

Facility ID: 2390

Page 1

CORNELL 54732 Phone:(715) 239-6288  
 Operated from 1/1 To 12/31 Days of Operation: 366  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/04): 50  
 Total Licensed Bed Capacity (12/31/04): 50  
 Number of Residents on 12/31/04: 50

Ownership:  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 49

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		28.0
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		50.0
Supp. Home Care-Household Services	No	Developmental Disabilities	4.0	Under 65	4.0	More Than 4 Years		22.0
Day Services	No	Mental Illness (Org./Psy)	28.0	65 - 74	16.0			-----
Respite Care	No	Mental Illness (Other)	12.0	75 - 84	24.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.0	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	2.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	6.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	4.0	65 & Over	96.0	-----		
Transportation	No	Cerebrovascular	24.0		-----	RNs		11.9
Referral Service	No	Diabetes	10.0	Gender	%	LPNs		8.9
Other Services	Yes	Respiratory	6.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	4.0	Male	28.0	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	72.0			29.9
Provide Day Programming for			100.0		-----			-----
Developmentally Disabled	No				100.0			-----

\*\*\*\*\*

#### Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	9	100.0	311	26	89.7	110	1	100.0	110	11	100.0	145	0	0.0	0	0	0.0	0	47 94.0
Intermediate	---	---	---	2	6.9	94	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2 4.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Dev. Disabled	---	---	---	1	3.4	158	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1 2.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Total	9	100.0		29	100.0		1	100.0		11	100.0		0	0.0		0	0.0		50 100.0

*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	4.5	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	9.1	Bathing	0.0	68.0	32.0	50
Other Nursing Homes	18.2	Dressing	12.0	58.0	30.0	50
Acute Care Hospitals	68.2	Transferring	24.0	52.0	24.0	50
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	18.0	58.0	24.0	50
Rehabilitation Hospitals	0.0	Eating	74.0	12.0	14.0	50
Other Locations	0.0	*****				
Total Number of Admissions	44	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	2.0		Receiving Respiratory Care	20.0
Private Home/No Home Health	31.0	Occ/Freq. Incontinent of Bladder	54.0		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	23.8	Occ/Freq. Incontinent of Bowel	26.0		Receiving Suctioning	0.0
Other Nursing Homes	0.0				Receiving Ostomy Care	2.0
Acute Care Hospitals	4.8	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	2.0		Receiving Mechanically Altered Diets	36.0
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care			Other Resident Characteristics	
Deaths	40.5	With Pressure Sores	4.0		Have Advance Directives	80.0
Total Number of Discharges		With Rashes	2.0		Medications	
(Including Deaths)	42				Receiving Psychoactive Drugs	70.0

\*\*\*\*\*  
 Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

*****									
	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.0	88.5	1.11	89.0	1.10	90.5	1.08	88.8	1.10
Current Residents from In-County	84.0	80.0	1.05	81.8	1.03	82.4	1.02	77.4	1.08
Admissions from In-County, Still Residing	27.3	17.8	1.53	19.0	1.43	20.0	1.36	19.4	1.41
Admissions/Average Daily Census	89.8	184.7	0.49	161.4	0.56	156.2	0.58	146.5	0.61
Discharges/Average Daily Census	85.7	188.6	0.45	163.4	0.52	158.4	0.54	148.0	0.58
Discharges To Private Residence/Average Daily Census	46.9	86.2	0.54	78.6	0.60	72.4	0.65	66.9	0.70
Residents Receiving Skilled Care	94.0	95.3	0.99	95.5	0.98	94.7	0.99	89.9	1.05
Residents Aged 65 and Older	96.0	92.4	1.04	93.7	1.02	91.8	1.05	87.9	1.09
Title 19 (Medicaid) Funded Residents	58.0	62.9	0.92	60.6	0.96	62.7	0.93	66.1	0.88
Private Pay Funded Residents	22.0	20.3	1.08	26.1	0.84	23.3	0.95	20.6	1.07
Developmentally Disabled Residents	4.0	0.9	4.51	1.0	3.87	1.1	3.57	6.0	0.66
Mentally Ill Residents	40.0	31.7	1.26	34.4	1.16	37.3	1.07	33.6	1.19
General Medical Service Residents	4.0	21.2	0.19	22.5	0.18	20.4	0.20	21.1	0.19
Impaired ADL (Mean)	50.0	48.6	1.03	48.3	1.03	48.8	1.02	49.4	1.01
Psychological Problems	70.0	56.4	1.24	60.5	1.16	59.4	1.18	57.7	1.21
Nursing Care Required (Mean)	8.0	6.7	1.20	6.8	1.17	6.9	1.16	7.4	1.08